

AODA Customer Feedback Form

We are committed to providing excellent service to all of our customers, prospective customers and guests. We would appreciate your feedback on the manner in which we provide goods and services to persons with disabilities. Feedback can also be provided by contacting our Accessibility Officer by mail, phone, fax, email or in person. This document is available in an alternative format upon request.

Date Form Completed:	Date and Time of Interaction:						
Service, Event and/or Individu	al(s) Involved:						
Did you have trouble accessing			□Yes	□No	□Other:		
Were you please with the serv	rice you received	from our staff?	□Yes	□No	\Box Other:		
I am (please check one):	□Client	□ Prospective (Client	🗆 Othe	er:		
Please provide any details of y	our experience b	elow: (please att	tach add	itional sl	heets if requi	red)	

What could we do to improve our service to you? (please attach additional sheets if required)

If you would like to hear from us, please provide your contact information in the space below. Our Accessibility Officer will respond to your comments in the format requested (or the most appropriate format where no request was made). Your contact information will only be used for this purpose:

Name:				

Preferred Method of Contact: _____

Please include your contact information below (i.e. phone number, email address, mailing address)

Please submit your completed form by email to AODA@traffix.com, by Fax at 905-875-9068 or by mail to 1-375 Wheelabrator Way Milton, Ontario L9T 3C1